



East Georgia State College
Office of the Registrar
131 College Circle
Swainsboro, GA 30401
Phone: (478)289-2014
Fax: (478)289-2140

Change of Address, Telephone and/or Name

Currently Enrolled: _____ Yes _____ No

Student Name: _____ Student ID#: _____

Address Update

New Address: _____

(Mailing Address (Street or PO Box))

City: _____

State: _____ Zip: _____

Tel: (____) _____ - _____

Cell: (____) _____ - _____

Name Change ***Please note*** We will need a copy of your updated Social Security Card and one of the following documents to process your request: Marriage license/Certificate, Divorce Decree, Court Order, Adoption Papers

Current Name: _____
(Last) (First)

New Name: _____
(Last) (First)

DOB: ____/____/____

Updated: 7/5/2012